

Case Number:	CM15-0030978		
Date Assigned:	02/24/2015	Date of Injury:	01/24/2009
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 63 year old female, who sustained an industrial injury, January 24, 2009. According to progress note of November 17, 2014, the injured workers chief complaint was bilateral knee pain. The injured worker has had arthroscopic surgery on both knees, wears braces to both knees, had physical therapy 10 sessions, aqua therapy, acupuncture, Norco and anti-inflammatory medication. The injured worker rated the neck and bilateral knee pain at 9 out of 10; 0 being no pain and 10 being the worse pain. The injured worker had been paying for pain medication out of pocket. The physical exam noted the injured worker with a slow gait and transfers with difficulty. There was decreased range of motion of the back with deficits noted at left L4-L5 dermatomes with tenderness along the lumbar spine. There was also decreased range of motion noted with the bilateral knees due to, swelling, crepitus and pain. The injured worker was diagnosed with cancer, cervical stenosis C3-C7, bilateral knee pain, depression, anxiety, arthritis and chronic pain. The injured worker previously received the following treatments MRI of the cervical spine 2011, left cervical steroid injection at C7-T1, left shoulder surgery 2000, left knee arthroscopy 2010, right knee arthroscopy 2010, lumbar fusion 2011, bilateral knee injections, physical therapy, aqua therapy, acupuncture, Norco, bilateral knee braces and psychological therapy. The primary treating physician requested authorization for Ibuprofen 400mg; 1-2 tablets three times daily (TID) #180 with no refills. On February 5, 2015, the Utilization Review denied authorization for Ibuprofen 400mg; 1-2 tablets three times daily (TID) #180 with no refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 400mg #180 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80,76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: This patient presents with chronic knee and low back pain. The current request is for IBUPROFEN 400mg #180 NO REFILLS. Regarding NSAIDs, MTUS chronic pain medical treatment guidelines, page 22, states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The Utilization review states that the patient has "renal issues and therefore Ibuprofen is non certified." The Utilization review discusses a progress report dated 1/5/15, which was not provided in the medical for my review. According to this report the patient was recommended to continue Norco and Ibuprofen. There is no further discussion regarding Ibuprofen. MTUS page 60, states that a record of pain and function is required when medication is used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.